

AUG. 17. 2007 7:41PM

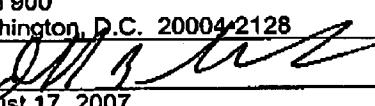
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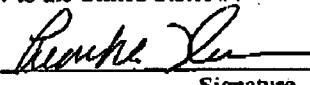
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CENTRAL FAX CENTER NO. 0876 P. 1/12

AUG 17 2007

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/648,029
		Filing Date	August 26, 2003
		First Named Inventor	Kenneth J. Kledzik
		Group Art Unit	2814
		Examiner Name	Nathan Ha
Total Number of Pages in This Submission		Attorney Docket Number	044148-4100

<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____			
	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO-1449 w/ (1) one reference			
	Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Jeff E. Schwartz; Reg. No. 39,019 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	August 17, 2007

<b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>	
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AUG 17 2007 NO. 0876 P. 2/12

**FEE TRANSMITTAL  
FOR FY 2007**
*Patent fees are subject to annual revision.* Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$180.00)

Complete if Known	
Application Number	10/648,029
Filing Date	August 26, 2003
First Named Inventor	Kenneth J. Kledzik
Examiner Name	Nathan Ha
Art Unit	2814
Attorney Docket No.	044148-4100

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit Card  Money Order  Other  None
 Deposit Account:

Deposit Account Number

19-2380

Deposit Account Name

Nixon Peabody LLP

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Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001	2001	150 Utility filing fee	
1002	2002	100 Design filing fee	
1003	2003	100 Plant filing fee	
1004	2004	150 Reissue filing fee	
1005	2005	100 Provisional filing fee	

**SUBTOTAL (1) (\$ 0)****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
			0
Independent Claims			0
Multiple Dependent			0

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202	2202	25 Claims in excess of 20
1201	2201	100 Independent claims in excess of 3
1203	2203	180 Multiple dependent claim, if not paid
1204	2204	100 ** Reissue independent claims over original patent
1205	2205	25 ** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ 0)**

\*\* or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	Fee Description	
1051	2051	Surcharge - late filing fee or oath	
1052	2052	Surcharge - late provisional filing fee or cover sheet	
1053	1053	Non-English specification	
1812	1812	For filing a request for ex parte reexamination	
1804	1804	Requesting publication of SIR prior to Examiner action	
1805	1805	Requesting publication of SIR after Examiner action	
1251	2251	Extension for reply within first month	
1252	2252	Extension for reply within second month	
1253	2253	Extension for reply within third month	
1254	2254	Extension for reply within fourth month	
1255	2255	Extension for reply within fifth month	
1401	2401	Notice of Appeal	
1402	2402	Filing a brief in support of an appeal	
1403	2403	Request for oral hearing	
1451	1451	Petition to institute a public use proceeding	
1452	2452	Petition to revive - unavoidable	
1453	2453	Petition to revive - unintentional	
1501	2501	Utility issue fee (or reissue)	
1502	2502	Design issue fee	
1503	2503	Plant issue fee	
1460	1460	Petitions to the Commissioner	
1807	1807	Processing fee under 37 CFR 1.17(q)	
1806	1806	Submission of Information Disclosure Stmt	\$180.00
8021	8021	Recording each patent assignment per property (times number of properties)	
1809	2809	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	2810	For each additional invention to be examined (37 CFR 1.129(b))	
1801	2801	Request for Continued Examination (RCE)	
1802	1802	Request for expedited examination of a design application	

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$180.00)****CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

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Aug 17, 2007  
DatePeaches Thomas  
SignaturePeaches Thomas  
Typed or printed name**Complete (if applicable)**

Name (Print/Type)	Jeff E. Schwartz	Registration No. (Attorney/Agent)	39,019	Telephone	(202) 585-8000
Signature	<i>Jeff E. Schwartz</i>			Date	August 17, 2007

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